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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/067,843	02/08/2002	Kenji Iwano	2002_0211A	9646

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WENDEROTH, LIND & PONACK, L.L.P.
2033 K STREET N. W.
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WASHINGTON, DC 20006-1021

EXAMINER

TOMASZEWSKI, MICHAEL

ART UNIT	PAPER NUMBER
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3626

SHORTENED STATUTORY PERIOD OF RESPONSE	MAIL DATE	DELIVERY MODE
3 MONTHS	03/20/2007	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

If NO period for reply is specified above, the maximum statutory period will apply and will expire 6 MONTHS from the mailing date of this communication.

Office Action Summary

Application No.

10/067,843

Applicant(s)

IWANO ET AL.

Examiner

Mike Tomaszewski

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 23 December 2006.
- 2a) ☐ This action is FINAL. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1 and 3-17 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1 and 3-17 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
- Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
- Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).
- * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413) |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | Paper No(s)/Mail Date. _____ |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08) | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| Paper No(s)/Mail Date _____ | 6) <input type="checkbox"/> Other: _____ |

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DETAILED ACTION

Notice To Applicant

1. This communication is in response to the amendment filed on 12/23/06. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office Action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 12/23/06 has been entered.

Claims 1, 4, 8-9, 11 and 15 have been amended. Claims Claims 3, 5-7, 10, 12-14 and 16-17 are pending.

Claim Rejections - 35 USC § 103

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

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3. Claims 1, 3-17 are rejected under 35 U.S.C. 103(a) as being unpatentable over *Joao* (6,283,761; hereinafter *Joao*), in view of *Felsher* (US 2002/0010679; hereinafter *Felsher*).

(A) As per currently amended claim 1, *Joao* discloses a medical information system comprising:

- (1) a patient server comprising a first database, said patient server being operable to receive vital information, store and manage the received vital information in said first database, and transmit the stored and managed vital information (*Joao*: col. 12, lines 50-67; col. 13, lines 38-51; col. 14, lines 49-67; col. 15, lines 1-17; col. 23, lines 48-60; Fig. 1);
- (2) a medical care provider server connected to said patient server through a first network, and comprising a second database, said medical care provider server being operable to receive the vital information from said first database of said patient server through the first network, store and manage the received vital information in said second database, and allow the stored and managed vital information to be browsed (*Joao*: col. 12, lines 50-67; col. 13, lines 1-7 and 38-51; col. 14, lines 49-67; col. 15, lines 1-17; col. 23, lines 48-60; Fig. 1);
- (3) a patient terminal connected to said patient server through a network, said patient terminal being operable to transmit the vital information to said

patient server through the network (*Joao*: col. 12, lines 50-57; col. 13, lines 38-51; col. 14, lines 49-67; col. 15, lines 1-17; col. 23, lines 48-60; Fig. 1); and

- (4) a doctor terminal connected to said medical care provider server through a network, said doctor terminal being operable to browse the vital information stored and managed in the medical care provider server through the network (*Joao*: col. 12, lines 57-67; col. 13, lines 1-7 and 38-51; col. 14, lines 49-67; col. 15, lines 1-17; col. 23, lines 48-60; Fig. 1),
wherein:
- (5) said patient server further comprises a first communication unit operable to communicate with said patient terminal and allow said patient terminal to connect with said patient server to transmit the vital information to said patient server through the network (*Joao*: col. 12, lines 50-57; col. 13, lines 38-51; col. 14, lines 49-67; col. 15, lines 1-17; col. 23, lines 48-60; Fig. 1);
- (6) said patient server, upon receiving the vital information from said patient terminal through the network, is operable to store and manage the received vital information in said first database of said patient server (*Joao*: col. 12, lines 50-57; col. 13, lines 38-51; col. 14, lines 49-67; col. 15, lines 1-17; col. 23, lines 48-60; Fig. 1);
- (7) said first communication unit of said patient server is further operable to communicate with said medical care provider server and allow said

- medical care provider server to connect with said patient server to receive the vital information stored in said first database of said patient server through the first network (Joao: col. 12, lines 50-57; col. 13, lines 38-51; col. 14, lines 49-67; col. 15, lines 1-17; col. 23, lines 48-60; Fig. 1);
- (8) said medical care provider server further comprises a communication unit operable to communicate with said patient server and allow said patient server to connect with said medical care provider server and transmit the vital information stored in said first database of said patient server to said second database of said medical care provider server through the first network (Joao: col. 12, lines 50-57; col. 13, lines 38-51; col. 14, lines 49-67; col. 15, lines 1-17; col. 23, lines 48-60; Fig. 1);
- (9) said medical care provider server, upon receiving the vital information stored in said first database of said patient server, is operable to store and manage the received vital information in said second database of said medical care provider server (Joao: col. 12, lines 50-57; col. 13, lines 38-51; col. 14, lines 49-67; col. 15, lines 1-17; col. 23, lines 48-60; Fig. 1);
- (10) said second communication device unit of said medical care provider server is further operable to communicate with said doctor terminal and allow said doctor terminal to browse and review the vital information stored in said second database of said medical care provider server (Joao: col. 12, lines 50-57; col. 13, lines 38-51; col. 14, lines 49-67; col. 15, lines 1-17; col. 23, lines 48-60; Fig. 1);

- (11) the vital information transmitted from said patient terminal is transmitted, in order, to said patient server through the network, to said medical care provider server from said patient server through the first network, and then to said doctor terminal from said medical care provider server through the network (Joao: col. 12, lines 50-57; col. 13, lines 38-51; col. 14, lines 49-67; col. 15, lines 1-17; col. 23, lines 48-60; Fig. 1); and
- (12) said doctor terminal is operable to transmit consultation data regarding a health status of a patient, the consultation data being transmitted, in order, from said doctor terminal to said medical care provider server through the network, to said patient server from said medical care provider server through the first network, and then to said patient terminal from said patient sever through the network (Joao: col. 12, lines 50-57; col. 13, lines 38-51; col. 14, lines 49-67; col. 15, lines 1-17; col. 23, lines 48-60; Fig. 1).

Joao, however, fails to *expressly* disclose a medical information system comprising:

- (13) second and third networks.

Nevertheless, these features are notoriously well known in the art, as evidenced by *Felsher*. In particular, *Felsher* discloses a medical information system according to claim 1, further comprising:

- (5) second and third networks (*Felsher*: abstract; Fig. 1).

Examiner also notes, however, that *Joao* does teach a system having a single computer or system of computers and/or may include a plurality of computers or computer systems (i.e., networks) that are utilized in conjunction with one another (i.e., the systems are networked together) (*Joao*: col. 13, lines 42-45). As such, Examiner considers a broad yet reasonable interpretation of *Joao* to also teach Applicant's recitation of multiple networks interconnected within a larger network.

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Felsher* with the teachings of *Joao* with the motivation of providing a secure system for exchanging confidential information (*Felsher*: abstract).

(B) As per previously presented claim 3, *Joao* discloses a medical information system according to claim 1, further comprising a sensor for measuring vital data, wherein the vital information includes a measurement value by said sensor (*Joao*: col. 23, lines 47-61).

(C) As per currently amended claim 4, *Joao* discloses a medical information system according to claim 1, wherein:

- (1) said doctor terminal is operable to transmit as the consultation data, an inquiry regarding a health status of a patient to said medical care provider server through the network (*Joao*: col. 31, lines 65-67; col. 32, lines 1-47; Fig. 1); and
- (2) the vital information transmitted from said patient terminal to said patient server through the network includes a reply to the inquiry transmitted to said patient terminal (*Joao*: col. 31, lines 65-67; col. 32, lines 1-47; Fig. 1).

Joao, however, fails to *expressly* disclose a medical information system according to claim 1, wherein:

- (5) the system comprises second and third networks.

Nevertheless, these features are notoriously well known in the art, as evidenced by *Felsher*. In particular, *Felsher* discloses a medical information system according to claim 2, wherein:

- (5) system comprises second and third networks (*Felsher*. abstract; Fig. 1).

Examiner also notes, however, that *Joao* does teach a system having a single computer or system of computers and/or may include a plurality of

computers or computer systems (i.e., networks) that are utilized in conjunction with one another (i.e., the systems are networked together) (*Joao*: col. 13, lines 42-45). As such, Examiner considers a broad yet reasonable interpretation of *Joao* to also teach Applicant's recitation of multiple networks interconnected within a larger network.

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Felsher* with the teachings of *Joao* with the motivation of providing a secure system for exchanging confidential information (*Felsher*: abstract).

(D) As per previously presented claim 5, *Joao* fails to *expressly* disclose a medical information system according to claim 1, further comprising:

- (1) a first unauthorized access prevention section provided in the first network;
- (2) a second unauthorized access prevention section provided in the second network;
- (3) a third unauthorized access prevention section provided in the third network; and
- (4) wherein said first and third unauthorized access prevention sections have higher security levels than a security level of said second unauthorized access prevention section.

Nevertheless, these features are old and well known in the art, as evidenced by *Felsher*. In particular, *Felsher* discloses a medical information system according to claim 1, further comprising:

- (1) a first unauthorized access prevention section provided in the first network (*Felsher*. ¶ [0197]);
- (2) a second unauthorized access prevention section provided in the second network (*Felsher*. ¶ [0197]);
- (3) a third unauthorized access prevention section provided in the third network (*Felsher*. ¶ [0197]); and
- (4) wherein said first and third unauthorized access prevention sections have higher security levels than a security level of said second unauthorized access prevention section (*Felsher*. ¶ [0197]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Felsher* with the teachings of Joao with the motivation of providing a secure system for exchanging confidential information (*Felsher*. abstract).

Examiner notes also that *Joao* teaches the use of various authorization, security and encryption techniques, technologies, and methods (*Joao*: col. 15, lines 54-58; col. 40, lines 51-60).

(E) As per previously presented claim 6, *Joao* fails to *expressly* disclose a medical information system according to claim 5, wherein:

- (1) said first unauthorized access prevention section comprises a firewall and a virtual private network;
- (2) said second unauthorized access prevention section comprises a remote access server; and
- (3) said third unauthorized access prevention section comprises a terminal authentication server.

Nevertheless, these features are old and well known in the art, as evidenced by *Felsher*. In particular, *Felsher* discloses a medical information system according to claim 5, wherein:

- (1) said first unauthorized access prevention section comprises a firewall and a virtual private network (*Felsher*. ¶ [0228]);
- (2) said second unauthorized access prevention section comprises a remote access server (*Felsher*. ¶ [0228]); and
- (3) said third unauthorized access prevention section comprises a terminal authentication server (*Felsher*. ¶ [0228]).

Examiner notes also that *Joao* teaches the use of various authorization, security and encryption techniques, technologies, and methods (*Joao*: col. 15, lines 54-58; col. 40, lines 51-60) and therefore, *Joao* strongly suggests the aforementioned features above.

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Felsher* with the teachings of *Joao* with the motivation of providing a secure system for exchanging confidential information (*Felsher*: abstract).

(F) As per previously presented claim 7, *Joao* discloses a medical information system according to claim 1, wherein the patient server and said medical care provider server are respectively clustered (*Joao*: abstract; col. 3, lines 33-53; Fig. 1).

(G) Claims 8-17 substantially repeat the same limitations as those of claims 1-7 and therefore, are rejected for the same reasons given for those claims and incorporated herein.

Response to Arguments

4. Applicant's arguments with respect to claims 1 and 3-17 have been considered but they are either moot in view of the new ground(s) of rejections or rely on or re-hash

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the issues addressed in the previous Office Action and therefore, are moot in view of the responses given above and incorporated herein.

5. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Mike Tomaszewski whose telephone number is (571)272-8117. The examiner can normally be reached on M-F 7:00 am - 3:30 pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (571)272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

MT



Carolyn Black
Patent Examiner - 3626
3/17/07